

FROM THE FIELD...

•VISN 2 begins to integrate a system-wide philosophy of patient focused and centered care, concentrating on patient education and shared decision making.

•The Buffalo, NY VAMC Ethics Advisory Committee (EAC) recently created and implemented a self-assessment pilot project.

To find out more go to:
www.va.gov/vhaethics/field3.cfm



Has your EAC developed a special task force or policy you want to share? Let us know at vhaethics@med.va.gov

IN THE LITERATURE...

Curtis JR, et. al. The family conference as a focus to improve communication about end-of-life care in the intensive care unit: opportunities for improvement. *Crit Care Med.* 2001;29:N26-N33.

Schneiderman LJ, Capron AM. How can hospital futility policies contribute to establishing standards of practice? *Camb Q Healthc Ethics.* 2000;9:524-531.

Kahn JP, Mastroianni AC. Moving from compliance to conscience: why we can and should improve on the ethics of clinical research. *Arch Intern Med.* 2001;161:925-8.

To read abstracts of each of these articles go to: www.va.gov/vhaethics/literature3.cfm



ON OUR WEB SITE...

Recent changes to our web site: Transcripts of all of our *Ethics Hotline Calls* since January 1, 2001 are now available in the *Resources* section of our web site. We welcome Barbara Chanko, RN, MBA, Claire Maklan, PhD, MPH, and Paul Reitemeier, PhD, who have recently joined our Ethics Center team (see *Who We Are* in the *About the Center* section). Also, our *Calendar of Events* page (in the *Education* section) now includes details of our recently announced *2001 Intensive Ethics Training Program*. Check these out today!

inthisissue

- **Best Practices:** Advance Care Planning
- **Legal Briefs:** Advance Directives: VA vs. Non-VA Forms
- **Ethics Rounds:** Appropriate Palliative Care?

about the center

The National Center for Ethics is VHA's primary office for addressing the complex ethical issues that arise in patient care, health care management, and research. Founded in 1991, the Center is a field-based national program that is administratively located in the Office of the Under Secretary for Health. To learn more go to: www.va.gov/vhaethics

our mission

The mission of the National Center for Ethics is to clarify and promote ethical health care practices within VHA and beyond.

Send us your

feedback

Please send your questions or comments to the address above or e-mail us at vhaethics@med.va.gov. Please check your address label and if any changes should be made or you wish your name removed from the list, please contact us at the address above.

spotlightonevents

- State of the Art Conference: Making Informed Consent Meaningful

A State of the Art (SOTA) conference on informed consent and participation in research was held March 7-9, 2001 in Washington, DC. Sponsored by the VHA Office of Research and Development in collaboration with the National Center for Ethics and the Employee Education System, the conference brought together VHA leaders, researchers, experts in research ethics, Veterans Service Organizations representatives, and clinicians to discuss the challenges of informed consent in research. Eleven papers on aspects of informed consent, including the therapeutic misconception, voluntariness, and enrolling decisionally impaired subjects, served as background for work group discussions on specific topics. Publication of the commissioned papers, as well as support for additional VHA sponsored research on informed consent, is planned.

- Ethics Discussed at Pain Management and End-of-Life Care Conference
- Ethical Issues in Long Term Care: State Veterans Homes

To read more about these events, visit:
www.va.gov/vhaethics/spotlight3.cfm



bestpractices

Advance Care Planning

by Robert Pearlman, MD, MPH
National Center for Ethics

Advance care planning (ACP) and the use of advance directives are considered to be key elements in end-of-life care. The goals of ACP are to improve shared understanding of patients' values and preferences, improve patient-centered decisions, alleviate the burdens on surrogate decision makers, and avoid over- and under-treatment. Unfortunately, to date there is a lack of consistent evidence of the effectiveness of ACP. A multitude of factors that create obstacles to the success of ACP need to be addressed before ACP can become truly effective.

One fundamental obstacle is a lack of clarity about the difference between ACP and advance directives. ACP is a three-stage process intended to facilitate decision-making for the patient who lacks decision-making capacity. The stages include having the competent patient (prior to losing decision-making capacity) (1) think about relevant values and preferences, (2) communicate these reflections to loved ones and health care providers that would be involved in future medical decisions, and (3) document the relevant values and preferences in an advance directive document. Therefore, advance directives are only a *part* of proper ACP: they provide the means to complete stage three.



There are two formal mechanisms for this documentation: instructional directives such as the living will, and proxy directives such as the durable power of attorney for health care. By contrast, a do-not-resuscitate order is not an advance directive; it is a physician order concerning treatment.

This article continues on our web site with more information on advance care planning and practical suggestions for improving the process at: www.va.gov/vhaethics/best3.cfm



www.va.gov/vhaethics

Spring 2001

New Accreditation Standards for VA Human Research Protection Programs The National Committee for Quality Assurance (NCQA) will soon release accreditation standards for VAMC Human Research Protection Programs. The six standards include: institutional responsibilities, IRB structure and operation, consideration of risks and benefits, subject recruitment and selection, privacy and confidentiality, and informed consent. NCQA intends to begin routine surveys this Fall. For more information visit: <http://www.ncqa.org/Programs/QSG/VAHRPAP/vahrpap.htm>

Two New Reports Available from the National Ethics Committee The VHA National Center for Ethics is pleased to announce the availability of two new National Ethics Committee reports: Do-Not-Resuscitate Orders and Medical Futility and Advance Proxy Planning for Residents of Long Term Care Facilities Who Lack Decision-Making Capacity. Staff with VA intranet access may view these reports on our intranet site at vaww.va.gov/vhaethics/resources_4.cfm, or they may request a printed copy from the Center at vhaethics@med.va.gov.

New VA Interprofessional Fellowship Program in Palliative Care On March 1, 2001 the Office of Academic Affiliations announced the creation of a new fellowship in palliative care. This program is designed to develop leaders in VA with vision, knowledge, and commitment to palliative care. OAA believes that a comprehensive interprofessional approach to providing palliative care and educating health professionals can result in broadened treatment perspectives and opportunities for implementing change. For more information visit our web site at: www.va.gov/vhaethics/national3.cfm



Ellen Fox, MD
Director, National Center for Ethics

a word from:

This theme issue of news@vhaethics is devoted to ethical issues in end-of-life care. Ethical health care practices are an essential part of quality care, especially as patients approach the end of life. In this issue, the *Best Practices* article by Bob Pearlman offers practical advice on improving care through advance care planning, while the feature by Janice Lynch deals with topics such as palliative sedation, DNR orders, and withdrawing life-sustaining treatment.

End-of-life care is often complicated by confusion surrounding the intersection of patient and family values, legal requirements, and appropriate medical care. The *Legal Briefs* article by Angela Prudhomme explains

the complex relationship between VHA policy and state laws with respect to advance directives. The *Ethics Rounds* column describes a case involving the use of high dose morphine and sedatives in the setting of ventilator withdrawal.

The National Center for Ethics deals with end-of-life issues on a regular basis. For example, we have recently completed two relevant National Ethics Committee reports, and plan to revisit the national policies on advance care planning and DNR orders. To learn more please visit our web site (vaww.va.gov/vhaethics) or drop us a line (vhaethics@med.va.gov). As always, we welcome your input.



legalbriefs

Advance Directives: VA vs. Non-VA Forms

by Angela Prudhomme, JD
Office of the General Counsel

Patients receiving care in VHA facilities have the legal and ethical right to accept or refuse any medical treatment that is recommended

to them by their care provider. That right extends to patients who subsequently lose decision-making capacity. The Patient Self-Determination Act (PSDA) of 1990 requires health care entities receiving Medicare reimbursement to provide written information to patients, on admission, regarding their rights to accept or refuse medical treatment and to express their wishes concerning future medical care in an advance directive. While the PSDA is not directly

applicable to VA, VHA policy is consistent with the Act's requirements.

Advance directives are the tools used to allow patients to express and document future treatment preferences should they lose decision-making capacity. However, the use of different advance directive forms can be confusing for patients and providers. For example, veterans frequently present to VHA facilities with advance directives that were created on state-authorized or other non-VA forms. Which directives can be accepted by VHA providers? The answer: VHA policy permits patients to use VA or state-authorized forms.

To read more about VHA advance directives and the legal and ethical implications of their relation to state forms, requirements, and patient care, please go to our web site at: www.va.gov/vhaethics/briefs3.cfm



Weighed in the Balance: Ethical Decisions at the End of Life

by Janice M. Lynch
news@vhaethics Contributor



Among the wide range of ethical issues encountered in VHA, end-of-life issues are among the most common. The provision of high quality clinical care for patients at the end of their lives has always involved difficult choices. Rapidly developing medical technology has increased the number and complicated the nature of decisions facing dying patients, families, surrogates, and health care providers. What kinds of ethical issues arise in end-of-life care? How can VHA staff better identify and deal with these ethical dilemmas?

One of the first places VHA staff look for

guidance is official VHA policy. Policy, however, cannot answer all questions, and is subject to change. As societal expectations of end-of-life care evolve, so too must policies that provide the framework for care of the dying. For example, current VHA policy on Do-Not-Resuscitate (DNR) orders provides that patients must be "terminally ill" in order for their physicians to write a DNR order for them. Although many clinicians and ethics committees interpret the standard broadly, there are times when this requirement can complicate care and even restrict patients' options with respect to DNR instructions. As Paul Rousseau, MD, Associate Chief of

Staff for Geriatrics and Extended Care and head of the palliative care program at the VAMC in Phoenix, AZ explains, "If an elderly patient in poor health comes in for a hip repair, despite the uncertainty of the surgical outcome and the real possibility of devastating complications, you still can't write a DNR order for that patient, even if he wants one."

To read the rest of this article and learn more about what VHA is doing to address ethical issues in end-of-life care, go to: www.va.gov/vhaethics/best3.cfm



ethicsrounds

Appropriate Palliative Care?

Health care providers have an ethical obligation to provide effective pain management for patients, including at the end of life. Yet determining what constitutes appropriate palliative care raises several complex ethical dilemmas.

Consider the fictionalized case of a patient admitted to a VAMC for coronary artery bypass surgery. Initially the operation is a success, but while the patient is in the surgical intensive care unit recovering, severe complications

develop. Over time, it becomes increasingly apparent that the patient will not survive. Despite aggressive medical management and life support, the patient proceeds to multi-system failure.

The surgeons and family in collaboration decide to discontinue mechanical ventilation. High dose opioids and sedatives (morphine and midazolam) are administered "to make sure the patient does not suffer" when the ventilator is withdrawn. The patient expires almost immediately. The next day, a nurse involved in the case expresses concerns about the dosages of medication the patient was given.

Specifically, the nurse believes that the dosages prescribed by the surgeon were much higher than the dosages required to prevent suffering. In fact, the nurse is convinced that the amount administered was a fatal dose. She wonders whether this is a case of active euthanasia - which is illegal in VA and throughout the US.

Is this euthanasia? What dosages of morphine and midazolam are indicated during ventilator withdrawal? For further discussion, go to: www.va.gov/vhaethics/ethicsrounds3.cfm



questionofthethemonth

The *Ethics Rounds* article in this issue describes the complex ethical dilemmas that can arise in palliative care. Effective pain management at the end-of-life, appropriate palliative care measures, and acceptable levels of staff education and knowledge are only some of the decisions that must be made in developing appropriate and ethically sensitive policy. Do you believe the current knowledge of palliative care practices among VHA staff is adequate to address the ethical issues that arise in end-of-life care? Tell us what you think at: <http://www.va.gov/vhaethics/question3.cfm>

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Each issue of news@vhaethics will include a question about a clinical, organizational or research ethics issue. Your participation is important to us – please go to our web site at www.va.gov/vhaethics to register your opinion! You can also see how others responded and join a discussion on the topic.